

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/08/2021	Time of Crash 10:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____ EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000676					
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator <u>DRAKE</u> <u>COURTNEY</u> Address <u>68 GLENWOOD RD</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145</u> Insurance Company <u>GOVERNMENT EMPLOYEE INSURANCE COMPAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>1GGH16</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>SUBARU</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>0</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>8</u> <u>6</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>Y</u>									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above ----- --- 1 4 99 0 0 8 2 NEWTON WELLESLEY H									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>CINEAS</u> <u>MICHAEL</u> Address <u>26 JUNE STREET</u> City <u>ROSLINDALE</u> State <u>MA</u> Zip <u>02131</u> Insurance Company <u>EMPIRE FIRE AND MARINE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>V29325</u> Reg Type <u>CON</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>0</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> <u>8</u> <u>7</u> <u>6</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 4 99 0 0 10 1									

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 09/08/2021	Time of Crash 10:55 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 2	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000676	
License # --- St MA DOB/Age ---			Reg # INTN27 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____				
Operator STEINERT HEIDI			Address _____			City _____ State _____ Zip _____				
Address 123 GILBERT ROAD			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
City BELMONT State MA Zip 01478			Event Sequence 1 22 22 22 22			10 Undercarriage				
Insurance Company SAFETY INSURANCE COMPANY			Most Harmful Event 1 23			5 11 Totaled				
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Driver Contributing Code 1 24 24							
Citation # (If Issued) _____			Underride/Override 25 Towed Y							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility	
Operator			See Above			1 1 99 0 0 8 2			NEWTON WELLESLEY H	
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner			Address _____				
Operator			Address _____			City _____ State _____ Zip _____				
Address _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
City _____ State _____ Zip _____			Event Sequence 22 22 22 22			10 Undercarriage				
Insurance Company _____			Most Harmful Event 23			5 11 Totaled				
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Driver Contributing Code 24 24							
Citation # (If Issued) _____			Underride/Override 25 Towed _____							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility	
Operator/Non-Motorist			See Above			-----				

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of MV1 (MA REG 1GGH16) stated she was traveling NB on Hammond Street when she approached the intersection of Hammondswood Rd. Upon approaching the intersection the operator of MV1 stated a vehicle entered the intersection from Hammondswood striking her rear driver's side door. After the initial impact the operator of MV1 lost control of her vehicle and it spun into oncoming traffic hitting MV3.

The operator of MV2 (MA CON V29325) stated he was traveling EB on Hammondswood Rd when he approached the intersection at Hammond St. Operator of MV2 stated he stopped at the intersection and waited to proceed when it was safe to do so. While crossing the intersection he observed MV1 traveling at a high rate of speed coming NB on Hammond St. Operator of MV2 stated the operator of MV1 swerved around his vehicle striking the front bumper and then spinning out of control.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

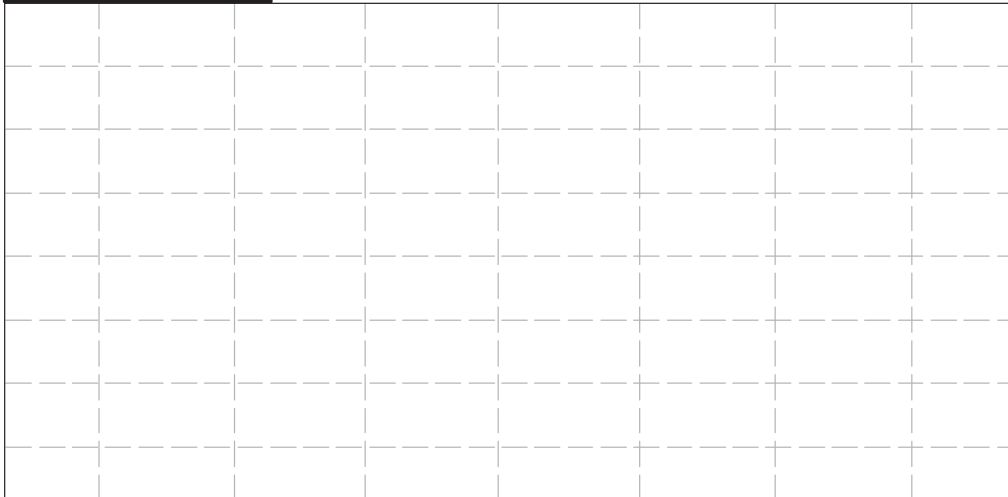
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

The operator of MV3 (MA REG 1NTN27) stated she was traveling SB on Hammond St approaching the intersection at Hammondswood Rd. Operator of MV3 stated she observed the collision of MV1 and MV2 but she did not have enough time before MV1 struck her vehicle. Operator of MV3 stated she observe the operator of MV2 fail to come to a complete stop at the Stop Sign causing the accident.

Medic 3, Medic 1, Ladder 3 and Engine 3 were on scene for the report of multiple injuries. The operator of MV1 and MV3 were transported to NWH with some minor injuries. MV1 and MV3 sustained heavy damage and were towed by Tody's. MV2 had minor damage and did not require a tow.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MARK D HAGOPIAN

NEWTON POLICE DEPART

09/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date